

# Maricopa County – CIGNA POS High/Low Options

## Effective January 1, 2005

Benefit Provision	High Option POS In-Network	High Option POS Out-of-Network	Low Option POS In-Network	Low Option POS Out-of-Network
Deductible Individual	None	\$300	None	\$1,000
Family	None	\$600	None	\$2,000
Standard Coinsurance Percentages	100%	70%	100%, (unless noted)	70% after deductible
Coinsurance Out of Pocket Covered Expense maximum before 100% (individual and/or Family) applies to specific services	\$900/\$1,800	\$3,000/\$6,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum	Unlimited	\$5,000,000	Unlimited	\$1,000,000
Pre-existing Condition Limitation	None	12 months	None	12 months
General Services				
Preventive Care	\$15	Covered In-Network Only	\$35 copay	Covered in-network only
Primary Care Physician Services	\$15	70% after deductible	\$35 copay	70% after deductible
Specialty Care Physician Services	\$25	70% after deductible	\$50 copay	70% after deductible
MRI, MRA, CAT Scans, PET Scans	\$50 copay	70% after deductible	\$200 copay	70% after deductible
Outpatient Lab and X-ray	No copay	70% after deductible	No copay	70% after deductible
Inpatient Facility Charges	\$100/day \$300 max per admission	70% after deductible	\$1,000/admit, then 90% coverage	\$2,000/admit, then 70% coverage
Inpatient Physician and Surgeon’s Services	No copay	70% after deductible	No Charge	70% after deductible
Outpatient Surgery	\$100 Copay	70% after deductible	\$500 copay, then 90% coverage	\$1,000/visit, then 70% coverage
Maternity				
Pre & Postnatal Exams (after pregnancy has been determined)	No copay (after initial visit)	70% after deductible	No copay (after initial visit)	70% after deductible
Delivery	\$100/day \$300 max per admission	70% after deductible	\$1,000 per admission, then 90% coverage	\$2,000 per admission, then 70% coverage
Urgent Care Facility	\$50 copay	\$50 copay (except if not true emergency, then 70% after deductible)	\$75 copay	\$75 copay (except if not true emergency, then 70% after deductible)
Other Facility – Emergency Room copay (copay waived if admitted)	\$100 copay	\$100 copay (except if not true emergency, then 70% after deductible)	\$150 copay	\$150 copay (except if not true emergency, then 70% after deductible)
Ambulance	No Copay	No Copay	No copay	
Equipment and Devices				
Durable Medical Equipment	No copay, \$3,500 max.	Covered In-Network Only	No copay, \$3,500 maximum	Covered in-network only
External Prosthetics	No copay, \$1,000 max.	Covered In-Network Only	\$200 copay, \$1,000 maximum	Covered in-network only

Outpatient Rehabilitation				
Physical, Speech, and Occupational Therapy	\$15	70% after deductible	\$50 copay	70% after deductible
Chiropractic Services	\$15 copay	Covered In-Network Only	\$50 copay	Covered in-network only
Open Access – no referral from PCP	20 visits		20 visits	
Benefit Limit per Contract Year	60 visits, in-network and out-of-network visits combined		60 visits, in-network and out-of-network visits combined	
Alternative Medicine 10 self-referred visits per year to designated network	\$5 copay	In-network only	\$5 copay	In-network only

# Maricopa County – CIGNA PPO High/Low (HDHP) Options

## Effective January 1, 2005

Benefit Provision		<u>High Option</u> <u>PPO</u> <u>In-Network</u>	<u>High Option</u> <u>PPO</u> <u>Out-of-Network</u>	<u>Low Option</u> <u>(HDHP)</u> <u>PPO</u> <u>In-Network</u>	<u>Low Option (HDHP)</u> <u>PPO</u> <u>Out-of-Network</u>
Deductible	Individual	\$250	\$750	\$1,100	\$1,100
	Family	\$500	\$1,500	\$2,200	\$2,200
Standard Coinsurance Percentages		80%	60%	80%	60%
Coinsurance Out of Pocket Covered Expense maximum before 100% (individual and/or Family) applies to specific services		\$2,000/\$6,000	\$4,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000
Lifetime Maximum		Unlimited	\$5,000,000	Unlimited	\$5,000,000
Pre-existing Condition Limitation		12 months	12 months	12 months	12 months
<b>General Services</b>					
Preventive Care		80% after deductible	Covered In-Network Only	80% after deductible	Covered in-network only
Primary Care Physician Services		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Specialty Care Physician Services		80% after deductible	60% after deductible	80% after deductible	60% after deductible
MRI, MRA, CAT Scans, PET Scans		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Lab and X-ray		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Inpatient Facility Charges		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Inpatient Physician and Surgeon's Services		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Surgery		80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Maternity</b>					
Pre & Postnatal Exams (after pregnancy has been determined)		100% (after initial visit)	60% after deductible	80% after deductible	60% after deductible
Delivery		80% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent Care Facility		\$50 copay	\$50 copay (except if not true emergency, then 60% after plan deductible)	80% after deductible	80% after deductible (except if not a true emergency, then 60% after deductible)
Other Facility – Emergency Room copay (copay waived if admitted)		\$100 copay	\$100 copay (except if not true emergency, then 60% after plan deductible)	80% after deductible	80% after deductible (except if not a true emergency, then 60% after deductible)
Ambulance		90% after deductible	90% after deductible (except if not true emergency then 60% after plan deductible)	80% after deductible	80% after deductible (except if not a true emergency, then 60% after deductible)
<b>Equipment and Devices</b>					
Durable Medical Equipment		80%, \$700 max.	60%, \$700 max.	80% after deductible	60% after deductible
External Prosthetics		80% after \$200 deductible, \$1,000 max.	60% after \$200 deductible, \$1000 max.	80% after deductible	60% after deductible
<b>Outpatient Rehabilitation</b>					
Physical, Speech, and Occupational Therapy		80% after deductible	60% after deductible	80% after deductible	60% after deductible

Chiropractic Services	80% after deductible	60% , after deductible	80% after deductible	60% after deductible
Open Access – no referral from PCP	Unlimited	Unlimited	Unlimited	Unlimited
Benefit Limit per Contract Year	60 visits, in-network and out-of-network visits combined (Chiropractic – Unlimited Visits)		60 visits, in-network and out-of-network visits combined (Chiropractic – Unlimited Visits)	
<b>Alternative Medicine</b> 10 self-referred visits per year to designated network	\$5 copay	In-network only	\$5 copay	In-network only